

Welfare Plans Do Not Complete Items 15 Through 27. Go To Item 28. Fringe Benefit Plans see page 5 of the instructions.

	Yes	No
15a If this is a defined benefit plan, subject to the minimum funding standards for this plan year, is Schedule B (Form 5500) required to be attached? (If this is a defined contribution plan leave blank.)		
b If this is a defined contribution plan, i.e., money purchase or target benefit, is it subject to the minimum funding standards? (If a waiver was granted, see instructions) (If this is a defined benefit plan leave blank.) If "Yes," complete (1), (2), and (3) below:		
(1) Amount of employer contribution required for the plan year under Code section 412	b(1) \$	
(2) Amount of contribution paid by the employer for the plan year	b(2) \$	
Enter date of last payment by employer ▶ Month ..... Day ..... Year .....		
(3) If (1) is greater than (2), subtract (2) from (1) and enter the funding deficiency here; otherwise, enter zero. (If you have a funding deficiency, file Form 5330.)	b(3) \$	
16 Has the plan been top-heavy at any time beginning with the 1984 plan year?	16	x
17 Has the annual compensation of each participant taken into account under the current plan year been limited to \$222,220?	17	x
18a (1) Did the plan distribute any annuity contracts this year? (See instructions.)	a(1)	x
(2) If (1) is "Yes," did these contracts contain a requirement that the spouse consent before any distributions under the contract are made in a form other than a qualified joint and survivor annuity?	a(2)	NA
b Did the plan make distributions to participants or spouses in a form other than a qualified joint and survivor annuity (a life annuity if a single person) or qualified preretirement survivor annuity (exclude deferred annuity contracts)?	b	x
c Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	c	x
d Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?	d	x
19 Were distributions, if any, made in accordance with the requirements under Code sections 411(a)(11) and 417(e)?	19	x
20 Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 1986?	20	x
21 Has the plan made the required distributions in 1991 under Code section 401(a)(9)? (See instructions.)	21	NA
22a Does the employer apply the separate line of business rules of Code section 414(r) when testing to see if this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	22a	x
b If a "Yes," enter the total number of separate lines of business claimed by the employer ▶ ..... If more than one separate line of business, see instructions for additional information to attach.		
c Does the plan consist of more than one part that is mandatorily disaggregated under Income Tax Regulations section 1.410(b)-7(c)? If "Yes," see instructions for additional information to attach.	c	x
d In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?	d	x
e Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	e	x
f If you meet either one of the following exceptions, check the applicable box to tell which exception you meet and do NOT complete the rest of question 22:		
(1) <input type="checkbox"/> No highly compensated employee benefited under the plan at any time during the plan year;		
(2) <input type="checkbox"/> This is a collectively bargained plan that benefits only employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.		
g Did any leased employee perform services for the employer at any time during the plan year?	g	x
h Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals.	h	291
i Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) coverage under a collective bargaining agreement; (3) nonresident aliens who receive no earned income from U. S. sources; and (4) the 500 hours of service/last day rule.	i	93
j Enter the number of nonexcludable employees (subtract line i from line h).	j	198
k Do 100 percent of the nonexcludable employees entered on line j benefit under the plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If line k is "Yes," do NOT complete lines 22l through 22n.		
l Enter the number of nonexcludable employees (line j) who are highly compensated employees	l	0
m Enter the number of nonexcludable employees (line j) who benefit under the plan	m	0
n Enter the number of employees entered on line m who are highly compensated employees	n	0
o This plan satisfies the coverage requirements on the basis of (check one):		
(1) <input type="checkbox"/> The average benefits test		
(2) <input type="checkbox"/> The ratio percentage test—Enter value ▶ 0.00		

FORM 5500 (1990)

Attachment to Q.22(a-o)

Plan Name : SINCLAIR BROADCAST GROUP, INC.  
401(K) PROFIT SHARING PLAN

EIN/PN: 52-1494660/001

Group Name: SINCLAIR BROADCAST GROUP, INC. 401K - DEFFERAL

	Yes	No
22a Does the employer apply the separate line of business rules of Code section 414(f) when testing to see if this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?		X
b If a is "Yes," enter the total number of separate lines of business claimed by the employer. If more than one separate line of business, see instructions for additional information to attach.		
c Does the plan consist of more than one part that is mandatorily disaggregated under Income Tax Regulations section 1.410(b)-7(c)? If "Yes," see instructions for additional information to attach.	X	
d In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?		X
e Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?		X
f If you meet either one of the following exceptions, check the applicable box to tell which exception you meet and do NOT complete the rest of question 22:		
(1) <input type="checkbox"/> No highly compensated employee benefited under the plan at any time during the plan year;		
(2) <input type="checkbox"/> This is a collectively bargained plan that benefits only employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.		
g Did any leased employee perform services for the employer at any time during the plan year?		X
h Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals.	231	
i Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) coverage under a collective bargaining agreement; (3) nonresident aliens who receive no earned income from U. S. sources; and (4) the 500 hours of service/last day rule.	93	
j Enter the number of nonexcludable employees (subtract line i from line h).	138	
k Do 100 percent of the nonexcludable employees entered on line j benefit under the plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If line k is "Yes," do NOT complete lines 22l through 22n.		
l Enter the number of nonexcludable employees (line j) who are highly compensated employees.		
m Enter the number of nonexcludable employees (line j) who benefit under the plan.		
n Enter the number of employees entered on line m who are highly compensated employees.		
o This plan satisfies the coverage requirements on the basis of (check one):		
(1) <input type="checkbox"/> The average benefits test		
(2) <input type="checkbox"/> The ratio percentage test—Enter value		

FJC0022

FORM 5500 (1990)

Attachment to Q.22(a-o)

Plan Name : SINCLAIR BROADCAST GROUP, INC. EIN/PN: 52-1494660/001  
 401(K) PROFIT SHARING PLAN  
 Group Name: SINCLAIR BROADCAST GROUP, INC. 401K - MATCH

	Yes	No
2a Does the employer apply the separate line of business rules of Code section 414(r) when testing to see if this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?		x
b If a is "Yes," enter the total number of separate lines of business claimed by the employer. If more than one separate line of business, see instructions for additional information to attach.		
c Does the plan consist of more than one part that is mandatorily disaggregated under Income Tax Regulations section 1.410(b)-7(c)?	x	
d In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?		x
e Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?		x
f If you meet either one of the following exceptions, check the applicable box to tell which exception you meet and do NOT complete the rest of question 22:		
(1) <input type="checkbox"/> No highly compensated employee benefited under the plan at any time during the plan year;		
(2) <input type="checkbox"/> This is a collectively bargained plan that benefits only employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.		
g Did any leased employee perform services for the employer at any time during the plan year?		x
h Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals.	Number	
i Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) coverage under a collective bargaining agreement; (3) nonresident aliens who receive no earned income from U. S. sources; and (4) the 500 hours of service/last day rule.	93	
j Enter the number of nonexcludable employees (subtract line i from line h).	198	
k Do 100 percent of the nonexcludable employees entered on line j benefit under the plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
l Enter the number of nonexcludable employees (line j) who are highly compensated employees		
m Enter the number of nonexcludable employees (line j) who benefit under the plan		
n Enter the number of employees entered on line m who are highly compensated employees		
o This plan satisfies the coverage requirements on the basis of (check one):		
(1) <input type="checkbox"/> The average benefits test		
(2) <input type="checkbox"/> The ratio percentage test—Enter value		

FJC0023

FORM 5500 (1990)

Attachment to Q.22(a-o)

Plan Name : SINCLAIR BROADCAST GROUP, INC.  
401(K) PROFIT SHARING PLAN

EIN/PN: 52-1494660/001

Group Name: SINCLAIR BROADCAST GROUP, INC. 401K PROFIT SHARING

	Yes	No
22a Does the employer apply the separate line of business rules of Code section 414(r) when testing to see if this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?		X
b If a is "Yes," enter the total number of separate lines of business claimed by the employer If more than one separate line of business, see instructions for additional information to attach.		
c Does the plan consist of more than one part that is mandatorily disaggregated under Income Tax Regulations section 1.410(b)-7(c)? If "Yes," see instructions for additional information to attach.	X	
d In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?		X
e Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?		X
f If you meet either one of the following exceptions, check the applicable box to tell which exception you meet and do NOT complete the rest of question 22:		
(1) <input type="checkbox"/> No highly compensated employee benefited under the plan at any time during the plan year.		
(2) <input type="checkbox"/> This is a collectively bargained plan that benefits only employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.		
g Did any leased employee perform services for the employer at any time during the plan year?		X
h Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals.	Number	
	248	
i Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) coverage under a collective bargaining agreement; (3) nonresident aliens who receive no earned income from U. S. sources; and (4) the 500 hours of service/last day rule.	93	
j Enter the number of nonexcludable employees (subtract line i from line h).	155	
k Do 100 percent of the nonexcludable employees entered on line j benefit under the plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If line k is "Yes," do NOT complete lines 22l through 22n.		
l Enter the number of nonexcludable employees (line j) who are highly compensated employees.	22	
m Enter the number of nonexcludable employees (line j) who benefit under the plan.	155	
n Enter the number of employees entered on line m who are highly compensated employees.	21	
o This plan satisfies the coverage requirements on the basis of (check one):		
(1) <input type="checkbox"/> The average benefits test		
(2) <input checked="" type="checkbox"/> The ratio percentage test—Enter value	75.00	

FJC0024

	Yes	No
1a Is it intended that this plan qualify under Code section 401(a)? If "Yes," complete b and c.	<input checked="" type="checkbox"/>	
b Enter the date of the most recent IRS determination letter . . . . . ▶ Month _____ Year _____		
c Is a determination letter request pending with IRS?		<input checked="" type="checkbox"/>
14a If this is a plan with Employee Stock Ownership (ESOP) features, was a current appraisal of the value of the stock made immediately before any contribution of stock or the purchase of the stock by the trust for the plan year covered by this return/report? (If this plan has NO ESOP features leave blank and go to item 25.)		
b If a "Yes," was the appraisal made by an unrelated third party?		
c If dividends paid on employer securities held by the ESOP were used to make payments on ESOP loans enter the amount of the dividends used to make the payments . . . . . 24c		
5 Does the plan provide for permitted disparity? See Code sections 401(a)(5) and 401(f)		<input checked="" type="checkbox"/>
6 Does the employer/sponsor listed in 1a of this form maintain other qualified pension benefit plans? If "Yes," enter the total number of plans, including this plan ▶		<input checked="" type="checkbox"/>
7 If this plan is an adoption of a master, prototype, or regional prototype plan, indicate which type by checking the appropriate box: a <input type="checkbox"/> Master b <input type="checkbox"/> Prototype c <input checked="" type="checkbox"/> Regional Prototype		
8a Did any person who rendered services to the plan receive directly or indirectly \$5,000 or more in compensation from the plan during the plan year (except for employees of the plan who were paid less than \$1,000 in each month)? If "Yes," complete Part I of Schedule C (Form 5500).		<input checked="" type="checkbox"/>
b Did the plan have any trustees who must be listed in Part II of Schedule C (Form 5500)?	<input checked="" type="checkbox"/>	
c Has there been a termination in the appointment of any person listed in d below?		<input checked="" type="checkbox"/>
d If c is "Yes," check the appropriate box(es), answer e and f, and complete Part III of Schedule C (Form 5500): (1) <input type="checkbox"/> Accountant (2) <input type="checkbox"/> Enrolled actuary (3) <input type="checkbox"/> Insurance carrier (4) <input type="checkbox"/> Custodian (5) <input type="checkbox"/> Administrator (6) <input type="checkbox"/> Investment manager (7) <input type="checkbox"/> Trustee		
e Have there been any outstanding material disputes or matters of disagreement concerning the above termination?		N/A
f If an accountant or enrolled actuary has been terminated during the plan year, has the terminated accountant/actuary been provided a copy of the explanation required by Part III of Schedule C (Form 5500) with a notice advising them of their opportunity to submit comments on the explanation directly to DOL?		N/A
g Enter the number of Schedules C (Form 5500) that are attached. If none, enter -0- ▶ 1		
29a Is this plan exempt from the requirement to engage an independent qualified public accountant?		<input checked="" type="checkbox"/>
b If a is "No," attach the accountant's opinion to this return/report and check the appropriate box. This opinion is: (1) <input checked="" type="checkbox"/> Unqualified (2) <input type="checkbox"/> Qualified/disclaimer per Department of Labor Regulations 29 CFR 2520.103-8 and/or 2520.103-12(d) (3) <input type="checkbox"/> Qualified/disclaimer other (4) <input type="checkbox"/> Adverse (5) <input type="checkbox"/> Other (explain) _____		
c If a is "No," does the accountant's report, including the financial statements and/or notes required to be attached to this return/report disclose (1) errors or irregularities; (2) illegal acts; (3) material internal control weaknesses; (4) a loss contingency indicating that assets are impaired or liability incurred; (5) significant real estate or other transactions in which the plan and (A) the sponsor, (B) the plan administrator, (C) the employer(s), or (D) the employee organization(s) are jointly involved; (6) that the plan has participated in any related party transactions; or, (7) any unusual or infrequent events or transactions occurring subsequent to the plan year and that might significantly affect the usefulness of the financial statements in assessing the plan's present or future ability to pay benefits?		<input checked="" type="checkbox"/>
d If c is "Yes," provide the total amount involved in such disclosure ▶		
30 If 29a is "No," complete the following questions. (You may NOT use "N/A" in response to item 30): If a, b, c, d, e, or f is checked "Yes," schedules of these items in the format set forth in the instructions are required to be attached to this return/report. During the plan year:		
a Did the plan have assets held for investment?	<input checked="" type="checkbox"/>	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible?		<input checked="" type="checkbox"/>
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		<input checked="" type="checkbox"/>
d Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets?	<input checked="" type="checkbox"/>	
e Do the notes to the financial statements accompanying the accountant's opinion disclose any nonexempt transactions with parties-in-interest?		<input checked="" type="checkbox"/>
f Did the plan engage in any nonexempt transactions with parties-in-interest not reported in e?		<input checked="" type="checkbox"/>
g Did the plan hold qualifying employer securities that are not publicly traded?		<input checked="" type="checkbox"/>
h Did the plan purchase or receive any nonpublicly traded securities that were not appraised in writing by an unrelated third party within 3 months prior to their receipt?		<input checked="" type="checkbox"/>
i Did any person manage plan assets who had a financial interest worth more than 10% in any party providing services to the plan or receive anything of value from any party providing services to the plan?		<input checked="" type="checkbox"/>
1 Did the plan acquire individual whole life insurance contracts during the plan year?		<input checked="" type="checkbox"/>

Plan Name: SINCLAIR BROADCAST GROUP, INC.  
401(K) PROFIT SHARING PLAN  
EIN/PN : 52-1494660/001

Form 5500 (1991) Attachment

**Item 30a - Schedule of Assets Held for Investment Purposes.**

[illegible]

Plan Name: SINCLAIR BROADCAST GROUP, INC.  
401(K) PROFIT SHARING PLAN  
EIN/PN : 52-1494660/001

## Form 5500 (1991) Attachment

**Item 30d - Schedule of Reportable Transactions.**

[illegible]

32 During the plan year:

- a (1) Was this plan covered by a fidelity bond? If "Yes," complete a(2) and a(3) . . . . .  
 (2) Enter amount of bond ▶ \$ .....  
 (3) Enter the name of the surety company ▶ ..AETNA CASUALTY & SURETY CO.....  
 b (1) Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty? . . . . .  
 (2) If (1) is "Yes," enter amount of loss ▶ \$ .....

	Yes	No
32a(1)	x	
b(1)		x

33a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program?

☐ Yes ☒ No ☐ Not determined

- b If a is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.  
 Employer identification number ▶ Plan number ▶

34 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of the plan assets held in more than one trust. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar; any other amounts are subject to rejection. Plans with no assets at the beginning and the end of the plan year, enter zero on line f.

**Assets**

- a Total noninterest-bearing cash . . . . .  
 b Receivables: (1) Employer contributions . . . . .  
     (2) Participant contributions . . . . .  
     (3) Income . . . . .  
     (4) Other . . . . .  
     (5) Less allowance for doubtful accounts . . . . .  
     (6) Total. Add b(1) through (4) less (5) ▶ . . . . .  
 c General investments: (1) Interest-bearing cash (including money market funds) . . . . .  
     (2) Certificates of deposit . . . . .  
     (3) U.S. Government securities . . . . .  
     (4) Corporate debt instruments (A) Preferred . . . . .  
         (B) All other . . . . .  
     (5) Corporate Stocks: (A) Preferred . . . . .  
         (B) Common . . . . .  
     (6) Partnership/joint venture interests . . . . .  
     (7) Real estate: (A) Income-producing . . . . .  
         (B) Nonincome-producing . . . . .  
     (8) Loans (other than to participants) secured by mortgages: (A) Residential . . . . .  
         (B) Commercial . . . . .  
     (9) Loans to participants: (A) Mortgages . . . . .  
         (B) Other . . . . .  
     (10) Other loans . . . . .  
     (11) Value of interest in common/collective trusts . . . . .  
     (12) Value of interest in pooled separate accounts . . . . .  
     (13) Value of interest in master trusts . . . . .  
     (14) Value of interest in 103-12 investment entities . . . . .  
     (15) Value of interest in registered investment companies . . . . .  
     (16) Value of funds held in insurance company general account (unallocated contracts) . . . . .  
     (17) Other . . . . .  
     (18) Total. Add c(1) through c(17) ▶ . . . . .

- d Employer-related investments: (1) Employer securities . . . . .  
     (2) Employer real property . . . . .  
 e Buildings and other property used in plan operation . . . . .  
 f Total assets. Add a, b(6), c(18), d(1), d(2), and e . . . . .

**Liabilities**

- g Benefit claims payable . . . . .  
 h Operating payables . . . . .  
 i Acquisition indebtedness . . . . .  
 j Other liabilities . . . . .  
 k Total liabilities. Add g through j . . . . .

**Net Assets**

- l Line f minus line k . . . . .

	(a) Beginning of year	(b) End of Year
a	0	0
b(1)		
(2)		
(3)	0	0
(4)	0	0
(5)	0	0
(6)		
c(1)		
(2)	0	0
(3)		
(4)(A)	0	0
(4)(B)		
(5)(A)	0	0
(5)(B)		
(6)		
(7)(A)	0	0
(7)(B)	0	0
(8)(A)	0	0
(8)(B)	0	0
(9)(A)	0	0
(9)(B)	0	
(10)	0	0
(11)	0	0
(12)	0	0
(13)	0	0
(14)	0	0
(15)	0	0
(16)	0	0
(17)	0	0
(18)		
d(1)	0	0
(2)	0	0
e	0	0
f		
<b>Liabilities</b>		
g	0	0
h	0	0
i	0	0
j	0	0
k	0	0
<b>Net Assets</b>		
l		



**35** Plan income, expenses, and changes in net assets for the plan year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s), and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar; any other amounts are subject to rejection.

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable from:			
(A) Employers	a(1)(A)		
(B) Participants	(B)		
(C) Others	(C)		
(2) Noncash contributions	(2)	0	
(3) Total contributions. Add a(1)(A), (B), (C) and a(2)	(3)		
<b>b Earnings on Investments:</b>			
(1) Interest			
(A) Interest-bearing cash (including money market funds)	b(1)(A)		
(B) Certificates of deposit	(B)	0	
(C) U.S. Government securities	(C)		
(D) Corporate debt instruments	(D)		
(E) Mortgage loans	(E)	0	
(F) Other loans	(F)		
(G) Other interest	(G)	0	
(H) Total interest. Add b(1)(A) through (G)	(H)		
(2) Dividends: (A) Preferred stock	b(2)(A)	0	
(B) Common stock	(B)		
(C) Total dividends. Add b(2)(A) and (B)	(C)		
(3) Rents	(3)		0
(4) Net gain (loss) on sale assets: (A) Aggregate proceeds	(4)(A)		
(B) Aggregate carrying amount (see instructions)	(B)	0	
(C) Subtract (B) from (A) and enter result	(C)		
(5) Unrealized appreciation (depreciation) of assets	(5)		
(6) Net investment gain (loss) from common/collective trusts	(6)		0
(7) Net investment gain (loss) from pooled separate accounts	(7)		0
(8) Net investment gain (loss) from master trusts	(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	(9)		0
(10) Net investment gain (loss) from registered investment companies	(10)		0
(c)	(c)		0
<b>c Other income</b>	(d)		
<b>d Total income.</b> Add all amounts in column (b) and enter total			
<b>Expenses</b>			
<b>e Benefit payment and payments to provide benefits:</b>			
(1) Directly to participants or beneficiaries	e(1)		
(2) To insurance carriers for the provision of benefits	(2)	0	
(3) Other	(3)	0	
(4) Total payments. Add e(1) through (3)	(4)		
<b>f Interest expense</b>	f		0
<b>g Administrative expenses: (1) Salaries and allowances</b>			
(2) Accounting fees	g(1)	0	
(3) Actuarial fees	(2)	0	
(4) Contract administrator fees	(3)	0	
(5) Investment advisory and management fees	(4)	0	
(6) Legal fees	(5)		
(7) Valuation/appraisal fees	(6)	0	
(8) Trustees fees/expenses (including travel, seminars, meeting, etc.)	(7)	0	
(9) Other	(8)	0	
(9)	(9)	0	
(10) Total administrative expenses. Add g(1) through (9)	(10)		
<b>h Total expenses.</b> Add e(4), f and g(10)	h		
<b>i Net income (loss).</b> Subtract h from d	i		
<b>j Transfers to (from) the plan (see instructions)</b>	j		0
<b>k Net assets at beginning of year (Item 34, line i, column (a))</b>	k		
<b>l Net assets at end of year (Item 34, line i, column (b))</b>	l		

**36** Did any employer sponsoring the plan pay any of the administrative expenses of the plan that were not reported in line 35g? Yes No

**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Service Provider and Trustee Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.  
Additional Schedules C (Form 5500) may be used, if needed, to  
provide additional information for Parts I, II, and/or III.

OMB No. 1210-0016

**1991**

**This Form Is  
Open to Public  
Inspection**

For the calendar year 1991 or fiscal plan year beginning	January 1, 1991, and ending	December 31, 1991
Name of plan sponsor as shown on line 1a of Form 5500	Employer identification number	
SINCLAIR BROADCAST GROUP, INC.	52 1494660	
Name of plan	Enter three-digit plan number	
SINCLAIR BROADCAST GROUP, INC. 401(K) PROFIT SHARING PLAN	0 0 1	

**Part I Service Provider Information (see instructions)**

1 Enter the total dollar amount of compensation paid by the plan to all persons receiving less than \$5,000 during the plan year						1	0.00
2	(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code (see instructions)
1)			Contract administrator		0.00	0.00	12
2)	PSA CAPITAL MANAGEMENT	52 1589635	INVESTMENT MANAGER	NONE	0.00		21
3)							
4)							
5)							
6)							
7)							
8)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
0)							

**Part II****Trustee Information**

Enter the name and address of all trustees who served during the plan year. If more space is required to supply this information, attach additional Schedules C (Form 5500).

Name <u>J. DUNCAN SMITH</u> Address <u>2000 W. 41ST STREET BALTO., MD 21211</u>	Name <u>DAVID D. SMITH</u> Address <u>2000 W. 41ST STREET BALTO., MD 21211</u>
Name <u>DAVID B. AMY</u> Address <u>2000 W. 41ST STREET BALTO., MD 21211</u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>

**Part III Termination Information (see instructions)**

(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.

(1) Explanation: .....

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(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.

(2) Explanation: .....

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.....

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.....

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(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.

(3) Explanation: .....

.....

.....

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.....

Annual Return/Report of Employee Benefit Plan  
(With 100 or more participants)

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 and sections 6039Q, 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.  
See separate instructions.

OMB No. 1510-0016

1992

This Form is Open to Public Inspection.

For the calendar plan year 1992 or fiscal plan year beginning January 1, 1992, and ending December 31, 1992

A If (1) through (4) do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

For IRS Use Only  
EP-ID

- (1) ☐ the first return/report filed for the plan;  
(2) ☐ an amended return/report

- (3) ☐ the final return/report filed for the plan; or  
(4) ☐ a short plan year return/report (less than 12 months).

If the preprinted information in 1a through 6d is incorrect, please correct it; if any information is missing, please add it. Be sure to include this page with your completed return/report.

- B If you correct any of the preprinted information or add missing information in 1a through 6d, check here. ☐  
C If your plan year changed since the last return/report, check here. ☐  
D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension. ☐

1a Name and address of plan sponsor (employer, if for a single-employer plan)  
(address should include room or suite no.)

SINCLAIR BROADCAST GROUP, INC.  
2000 W. 41ST STREET  
BALTIMORE MD 21211

1b Employer identification number

52-1494860

1c Sponsor's telephone number

(410) 467-4545

1d Business code (see instructions, page 23)

4830

1e CUSIP issuer number

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")  
SAME

2b Administrator's employer identification no.

2c Administrator's telephone number

3 If you are filing this page without the preprinted historical plan information and the name, address and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in 3a and/or 3b and complete 3c.

- a Sponsor EIN Plan number  
b Administrator EIN  
c If 3a indicates a change in the sponsor's name, address and EIN, is this a change in sponsorship only? (See instruction 3c on page 9 for the definition of sponsorship.) Enter "Yes" or "No." ☐

4 ENTITY CODE. (If not shown, enter the applicable code from page 9 of the instructions.)

A

5a Name of plan SINCLAIR BROADCAST GROUP, INC.  
401(K) PROFIT SHARING PLAN

5b Effective date of plan (mo., day, yr.)

01/01/88

5c Three-digit plan number 001

6 All filers must complete 6a through 6d, as applicable.

- a ☐ Welfare benefit plan b ☒ Pension benefit plan  
(If the correct codes are not preprinted below, enter the applicable codes from page 9 and 10 of the instructions in the boxes.)

c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 10 of the instructions in the boxes.)

G

d ☐ Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor

Date 7/13/93

Type or print name of individual signing for employer/plan sponsor

Signature of plan administrator

Date 7/13/93

Type or print name of individual signing for plan administrator

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Cat. No. 15500F

Form 5500 (1992)

FJC0032

**4e Check all applicable investment arrangements below (see instructions):**

- (1) ☐ Master Trust (2) ☐ 103-12 investment entity  
(3) ☐ Common/collective trust (4) ☐ Pooled separate account

f Single-employer plans enter the tax year end of the employer in which this plan year ends ▶ Month 12 Day 31 Year 92  
g Is any part of this plan funded by an insurance contract described in Code section 412(f) ☐ Yes ☒ No  
h If 8g is "Yes," was the part subject to the minimum funding standards for either of the prior two plan years? ☐ Yes ☐ No

**7 Number of participants as of the end of the plan year (welfare plans complete only 7a(4), 7b, 7c, and 7d):**

a Active participants:	(1) Number fully vested	a(1)	71
	(2) Number partially vested	a(2)	93
	(3) Number nonvested	a(3)	3
	(4) Total	a(4)	167
b Retired or separated participants receiving benefits	b		0
c Retired or separated participants entitled to future benefits	c		35
d Subtotal (add 7a(4), 7b, and 7c)	d		202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e		0
f Total (add 7d and 7e)	f		202
g Number of participants with account balances (Defined benefit plans do not complete this line item)	g		202
h Number of participant(s) that terminated employment during the plan year with accrued benefits that were less than 100% vested	h		20

i (1) Was any participant(s) separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached? (See instructions.) ☒ Yes ☐ No  
(2) If "Yes," enter the number of separated participants required to be reported ▶ 1

8a Was this plan ever amended since its effective date? If "Yes," complete 8b.  
If the amendment was adopted in this plan year, complete 8c through 8e.  
b If 8a is "Yes," enter the date the most recent amendment was adopted ▶ Month 12 Day 31 Year 91  
c Did any amendment during the current plan year result in the retroactive reduction of accrued benefits for any participants?  
d During this plan year did any amendment change the information contained in the latest summary plan descriptions or summary description of modifications available at the time of amendment?  
e If 8d is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in 8d been both furnished to participants and filed with the Department of Labor?  
9a Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year ▶ 91  
b Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?  
c Was a resolution to terminate this plan adopted during this plan year or any prior plan year?  
d If 9a or 9c is "Yes," have you received a favorable determination letter from IRS for the termination?  
e If 9d is "No," has a determination letter been requested from the IRS?  
f If 9a or 9c is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?  
g If 9a is "Yes" and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?  
h During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due?  
i If 9h is "Yes," enter the amount of tax paid with your Form 5330 ▶ \$

10a In this plan year, was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)? If "Yes," complete 10b through 10e, and see the instructions for 9a to complete item 9 if the plan was terminated ☐ Yes ☒ No  
If "Yes," identify other plan(s)  
b Name of plan(s) ▶ Employer identification number(s) Plan number(s)

e If required, has a Form 5310-A been filed? ☐ Yes ☐ No

11 Enter the plan funding arrangement code from page 12 of the instructions ▶ 1  
12 Enter the plan benefit arrangement code from page 12 of the instructions ▶ 1

13a Is this a plan established or maintained pursuant to one or more collective bargaining agreements? ☒ Yes ☐ No  
b If 13a is "Yes," enter the appropriate six-digit LM number(s) of the sponsoring labor organization(s) (see instructions):  
(1)                      (2)                      (3)                     

14 If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, attached. If none, enter "-0-." ▶ -0-

Welfare Plans Do Not Complete Items 15 Through 24. Go To Item 25.

15a If this is a defined benefit plan subject to the minimum funding standards for this plan year, is Schedule B (Form 5500) required to be attached? (If this is a defined contribution plan leave blank.)

	Yes	No
15a		

b If this is a defined contribution plan (i.e., money purchase or target benefit), is it subject to the minimum funding standards? (If a waiver was granted, see instructions.) (If this is a defined benefit plan leave blank.)

b		
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If "Yes," complete (1), (2), and (3) below:

(1) Amount of employer contribution required for the plan year under Code section 412

b(1) \$

(2) Amount of contribution paid by the employer for the plan year.

b(2) \$

Enter date of last payment by employer &gt; Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

(3) If (1) is greater than (2), subtract (2) from (1) and enter the funding deficiency here; otherwise, enter -0-. (If you have a funding deficiency, file Form 5330.)

b(3) \$

16 Has the annual compensation of each participant taken into account under the current plan year been limited to \$228,860?

16	X	
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17a (1) Did the plan distribute any annuity contracts this year? (See instructions.)

a(1)		X
------	--	---

(2) If (1) is "Yes," did these contracts contain a requirement that the spouse consent before any distributions under the contract are made in a form other than a qualified joint and survivor annuity?

a(2)	NA	
------	----	--

b Did the plan make distributions to participants or spouses in a form other than a qualified joint and survivor annuity (a life annuity if a single person) or a qualified preretirement survivor annuity (exclude deferred annuity contracts)?

b	X	
---	---	--

c Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?

c		X
---	--	---

d Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?

d	X	
---	---	--

18 Were distributions, if any, made in accordance with the requirements under Code sections 411(a)(11) and 417(e)?

18	X	
----	---	--

19 Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 1986?

19		X
----	--	---

20 Has the plan made the required distributions in 1992 under Code section 401(a)(9)? (See instructions.)

20	NA	
----	----	--

21 Check if you are applying either of the following in completing items 21a through 21e (see instructions):

(i) ☒ Reasonable, good faith interpretation of the nondiscrimination provisions.(ii) ☐ Substantiation guidelines.

If you checked 21(ii), enter the first day of the plan year for which data is being submitted &gt; Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

a Does the employer apply the separate line of business rules of Code section 414(f) when testing this plan for the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?

21a		X
-----	--	---

b If 21a is "Yes," enter the total number of separate lines of business claimed by the employer > \_\_\_\_\_  
If more than one separate line of business, see instructions for additional information to attach.

b		
---	--	--

c Does the employer apply the mandatory disaggregation rules under Income Tax Regulations section 1.410(b)-7(c)?  
If "Yes," see instructions for additional information to attach.

c	X	
---	---	--

d In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?

d		X
---	--	---

e Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?

e		X
---	--	---

f If you meet either of the following exceptions, check the applicable box to tell us which exception you meet and do NOT complete the rest of question 21:

(1) ☐ No highly compensated employee benefited under the plan at any time during the plan year;(2) ☐ This is a collectively bargained plan that benefits only collectively bargained employees, no more than 2% of whom are professional employees.

f		
---	--	--

g Did any leased employee perform services for the employer at any time during the plan year?

g		X
---	--	---

h Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code section 414(b), (c), or (m). Include leased employees and self-employed individuals.

	Number
h	191

i Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) collectively bargained employees; (3) nonresident aliens who receive no earned income from U.S. sources; and (4) minimum hours of service/last day rule

i	26
---	----

j Enter the number of nonexcludable employees (subtract line 21i from line 21h)

j	165
---	-----

k Do 100 % of the nonexcludable employees entered on line 21j benefit under the plan? ☒ Yes ☐ No  
If line 21k is "Yes," do NOT complete lines 21l through 21n.

k	
---	--

l Enter the number of nonexcludable employees (line 21j) who are highly compensated employees

l	
---	--

m Enter the number of nonexcludable employees (line 21j) who benefit under the plan.

m	
---	--

n Enter the number of employees entered on line 21m who are highly compensated employees.

n	
---	--

o This plan satisfies the coverage requirements on the basis of (check one):

(1) ☐ The average benefits test(2) ☐ The ratio percentage test—Error value > \_\_\_\_\_

o	
---	--

FORM 5500 (1992)

Attachment to Q.21(a-o)

Plan Name : SINCLAIR BROADCAST GROUP, INC.

401(K) PROFIT SHARING PLAN

EIN/PN : 52-1494660/001

Group Name: SINCLAIR BROADCAST GROUP, INC. 401K - DEFFERAL

Check if you are applying either of the following in completing items 21a through 21e (see instructions):

(i) ☒ Reasonable, good faith interpretation of the nondiscrimination provisions.

(ii) ☐ Substantiation guidelines.

If you checked 21(ii), enter the first day of the plan year for which data is being submitted ▶ Month ..... Day ..... Year .....

a Does the employer apply the separate line of business rules of Code section 414(f) when testing this plan for the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?

b If 21a is "Yes," enter the total number of separate lines of business claimed by the employer ▶ .....  
If more than one separate line of business, see instructions for additional information to attach.

c Does the employer apply the mandatory disaggregation rules under Income Tax Regulations section 1.410(b)-7(c)?  
If "Yes," see instructions for additional information to attach.

d In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?

e Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?

If you meet either of the following exceptions, check the applicable box to tell us which exception you meet and do NOT complete the rest of question 21:

(1) ☐ No highly compensated employee benefited under the plan at any time during the plan year;

(2) ☐ This is a collectively bargained plan that benefits only collectively bargained employees, no more than 2% of whom are professional employees.

f Did any leased employee perform services for the employer at any time during the plan year?

g Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code section 414(b), (c), or (m). Include leased employees and self-employed individuals.

h Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) collectively bargained employees; (3) nonresident aliens who receive no earned income from U.S. sources; and (4) minimum hours of service/test day rule

i Enter the number of nonexcludable employees (subtract line 21i from line 21h)

Do 100 percent of the nonexcludable employees entered on line 21i benefit under the plan? ☒ Yes ☐ No

If line 21k is "Yes," do NOT complete lines 21l through 21n.

Enter the number of nonexcludable employees (line 21i) who are highly compensated employees

Enter the number of nonexcludable employees (line 21i) who benefit under the plan.

Enter the number of employees entered on line 21m who are highly compensated employees

This plan satisfies the coverage requirements on the basis of (check one):

(1) ☐ The average benefits test (2) ☐ The ratio percentage test—Enter value ▶

Yes No

21a		X
b	X	
c		X
d		X
e		X
f		X
g		X
h	Number	
	191	
i	26	
j	165	
k		
l		
m		
n		

FJC0035

FORM 5500 (1992)

Attachment to Q.21(a-o)

Plan Name : SINCLAIR BROADCAST GROUP, INC.  
 401(K) PROFIT SHARING PLAN  
 EIN/PN : 52-1494660/001  
 Group Name: SINCLAIR BROADCAST GROUP, INC. 401K - MATCH

21 Check if you are applying either of the following in completing items 21a through 21e (see instructions):

- (1) ☒ Reasonable, good faith interpretation of the nondiscrimination provisions.  
 (2) ☐ Substantiation guidelines.

If you checked 21(f), enter the first day of the plan year for which data is being submitted Month Day Year

a Does the employer apply the separate line of business rules of Code section 414(r) when testing this plan for the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?

b If 21a is "Yes," enter the total number of separate lines of business claimed by the employer  
 If more than one separate line of business, see instructions for additional information to attach.

c Does the employer apply the mandatory disaggregation rules under Income Tax Regulations section 1.410(b)-7(c)?  
 If "Yes," see instructions for additional information to attach.

d In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?

e Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?

f If you meet either of the following exceptions, check the applicable box to tell us which exception you meet and do NOT complete the rest of question 21:

- (1) ☐ No highly compensated employee benefited under the plan at any time during the plan year;  
 (2) ☐ This is a collectively bargained plan that benefits only collectively bargained employees, no more than 2% of whom are professional employees.

g Did any leased employee perform services for the employer at any time during the plan year?

h Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code section 414(b), (c), or (m). Include leased employees and self-employed individuals.

i Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) collectively bargained employees; (3) nonresident aliens who receive no earned income from U.S. sources; and (4) minimum hours of service/last day rule.

j Enter the number of nonexcludable employees (subtract line 21i from line 21h)

k Do 100 percent of the nonexcludable employees entered on line 21j benefit under the plan?  
 If line 21k is "Yes," do NOT complete lines 21l through 21n.

l Enter the number of nonexcludable employees (line 21j) who are highly compensated employees

m Enter the number of nonexcludable employees (line 21j) who benefit under the plan.

n Enter the number of employees entered on line 21m who are highly compensated employees

o This plan satisfies the coverage requirements on the basis of (check one):

- (1) ☐ The average benefits test (2) ☐ The ratio percentage test—Enter value

	Yes	No
21a		x
b	x	
c		x
d		x
e		x
f		
g		x
h	Number 191	
i	28	
j	163	
k	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
l		
m		
n		
o		



- 22a Is it or was it ever intended that this plan qualify under Code section 401(a)? If "Yes," complete 22b and 22c . . . . .
- b Enter the date of the most recent IRS determination letter . . . . . ▶ Month \_\_\_\_\_ Year \_\_\_\_\_
- c Is a determination letter request pending with IRS? . . . . .
- 23a Does the plan hold any assets that have a fair market value that is not readily determinable on an established market? (If "Yes," answer 23b) . . . . .
- b Were all the assets referred to in 23a valued during the 1992 plan year by an independent third-party appraiser? . . . . .
- c If 23b is "No," enter the value of the assets that were not valued by an independent third-party appraiser during the 1992 plan year. ▶ \_\_\_\_\_
- d Enter the date the assets in 23c were valued by an independent third-party appraiser. (If more than one date, enter the earliest date.) ▶ \_\_\_\_\_  
(If this plan does not have ESOP features leave 23d blank and go to item 24.)
- e If dividends paid on employer securities held by the ESOP were used to make payments on ESOP loans, enter the amount of the dividends used to make the payments. . . . . [23e]
- 24 Does the employer/sponsor listed in 1a of this form maintain other qualified pension benefit plans? . . . . .  
If "Yes," enter the total number of plans, including this plan ▶ \_\_\_\_\_
- 25a Did any person who rendered services to the plan receive directly or indirectly \$5,000 or more in compensation from the plan during the plan year (except for employees of the plan who were paid less than \$1,000 in each month)? . . . . .  
If "Yes," complete Part I of Schedule C (Form 5500).
- b Did the plan have any trustees who must be listed in Part II of Schedule C (Form 5500)? . . . . .
- c Has there been a termination in the appointment of any person listed in 25d below? . . . . .
- d If 25c is "Yes," check the appropriate box(es), answer 25e and 25f, and complete Part III of Schedule C (Form 5500):  
(1) ☐ Accountant (2) ☐ Enrolled actuary (3) ☐ Insurance carrier (4) ☐ Custodian  
(5) ☐ Administrator (6) ☐ Investment manager (7) ☐ Trustee
- e Have there been any outstanding material disputes or matters of disagreement concerning the above termination? . . . . .
- f If an accountant or enrolled actuary has been terminated during the plan year, has the terminated accountant/actuary been provided a copy of the explanation required by Part III of Schedule C (Form 5500) with a notice advising them of their opportunity to submit comments on the explanation directly to DOL? . . . . .
- g Enter the number of Schedules C (Form 5500) that are attached. If none, enter -0- ▶ \_\_\_\_\_
- 26a Is this plan exempt from the requirement to engage an independent qualified public accountant? (see instructions) . . . . .
- b If 26a is "No," attach the accountant's opinion to this return/report and check the appropriate box. This opinion is:  
(1) ☒ Unqualified  
(2) ☐ Qualified/disclaimer per Department of Labor Regulations 29 CFR 2520.103-6 and/or 2520.103-12(d)  
(3) ☐ Qualified/disclaimer other (4) ☐ Adverse (5) ☐ Other (explain) \_\_\_\_\_
- c If 26a is "No," does the accountant's report, including the financial statements and/or notes required to be attached to this return/report disclose (1) errors or irregularities; (2) illegal acts; (3) material internal control weaknesses; (4) a loss contingency indicating that assets are impaired or a liability incurred; (5) significant real estate or other transactions in which the plan and (A) the sponsor, (B) the plan administrator, (C) the employer(s), or (D) the employee organization(s) jointly involved; (6) that the plan has participated in any related party transactions; or (7) any unusual or infrequent events or transactions occurring subsequent to the plan year and that might significantly affect the usefulness of the financial statements in assessing the plan's present or future ability to pay benefits? . . . . .
- d If 26c is "Yes," provide the total amount involved in such disclosure ▶ \_\_\_\_\_
- 27 If 26a is "No," complete the following questions. (You may NOT use "N/A" in response to item 27):  
If 27a, 27b, 27c, 27d, 27e, or 27f is checked "Yes," schedules of these items in the format set forth in the instructions are required to be attached to this return/report. Schedule G (Form 5500) may be used as specified in the instructions. During the plan year:
- a Did the plan have assets held for investment? . . . . .
- b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? . . . . .
- c Were any leases to which the plan was a party in default or classified during the year as uncollectible? . . . . .
- d Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? . . . . .
- e Do the notes to the financial statements accompanying the accountant's opinion disclose any nonexempt transactions with parties-in-interest? . . . . .
- f Did the plan engage in any nonexempt transactions with parties-in-interest not reported in 27e? . . . . .
- g Did the plan hold qualifying employer securities that are not publicly traded? . . . . .
- h Did the plan purchase or receive any nonpublicly traded securities that were not appraised in writing by an unrelated third party within 3 months prior to their receipt? . . . . .
- i Did any person manage plan assets who had a financial interest worth more than 10% in any party providing services to the plan or receive anything of value from any party providing services to the plan? . . . . .

	Yes	No
22a	X	
c		X
23a	X	
b		X
c		X
d		X
e		X
24		X
25a		X
b	X	
c		X
d		X
e		N/A
f		N/A
g		1
26a		X
b		X
c		X
d		X
27a	X	
b		X
c		X
d	X	
e		X
f		X
g		X
h		X
i		X

28	Did the plan acquire individual whole life insurance contracts during the plan year?	28	Yes	No
29	During the plan year:			
a	(1) Was this plan covered by a fidelity bond? If "Yes," complete 29a(2) and 29a(3)	29a(1)	X	
	(2) Enter amount of bond ▶ \$			
	(3) Enter the name of the surety company ▶ AETNA CASUALTY & SURETY CO.			
b	(1) Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	b(1)		X
	(2) If 29b(1) is "Yes," enter amount of loss ▶ \$			

30a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program?

☐ Yes ☒ No ☐ Not determined

b If 30a is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.

Employer identification number ▶ Plan number ▶

31 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of the plan assets held in more than one trust. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar; any other amounts are subject to rejection. Plans with no assets at the beginning and the end of the plan year, enter -0- on line 31f.

## Assets

	(a) Beginning of year	(b) End of Year
a Total noninterest-bearing cash	0	0
b Receivables: (1) Employer contributions		
(2) Participant contributions		
(3) Income	0	0
(4) Other	0	0
(5) Less allowance for doubtful accounts	0	0
(6) Total. Add b(1) through (4) and subtract (5)		
c General Investments: (1) Interest-bearing cash (including money market funds)		
(2) Certificates of deposit	0	0
(3) U.S. Government securities		
(4) Corporate debt instruments (A) Preferred	0	0
(B) All other		
(5) Corporate stocks: (A) Preferred	0	0
(B) Common		
(6) Partnership/joint venture interests		
(7) Real estate: (A) Income-producing	0	0
(B) Nonincome-producing	0	0
(8) Loans (other than to participants) secured by mortgages: (A) Residential	0	0
(B) Commercial	0	0
(9) Loans to participants: (A) Mortgages	0	0
(B) Other		
(10) Other loans	0	0
(11) Value of interest in common/collective trusts	0	0
(12) Value of interest in pooled separate accounts	0	0
(13) Value of interest in master trusts	0	0
(14) Value of interest in 103-12 investment entities	0	0
(15) Value of interest in registered investment companies	0	0
(16) Value of funds held in insurance company general account (unallocated contracts)	0	0
(17) Other	0	0
(18) Total. Add c(1) through c(17)		
d Employer-related investments: (1) Employer securities	0	0
(2) Employer real property	0	0
e Buildings and other property used in plan operation	0	0
f Total assets. Add a, b(6), c(18), d(1), d(2), and e		
Liabilities		
g Benefit claims payable	0	0
h Operating payables	0	0
i Acquisition indebtedness	0	0
j Other liabilities	0	0
k Total liabilities. Add g through j	0	0
Net Assets		
l Line f minus line k		

32 Plan income, expenses, and changes in net assets for the plan year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s), and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar; any other amounts are subject to rejection.

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable from:			
(A) Employers	a(1)(A)		
(B) Participants	(B)		
(C) Others	(C)		
(2) Noncash contributions	(2)	0	
(3) Total contributions. Add a(1)(A), (B), (C) and a(2)	(3)		
<b>b Earnings on investments:</b>			
(1) Interest			
(A) Interest-bearing cash (including money market funds)	b(1)(A)		
(B) Certificates of deposit	(B)	0	
(C) U.S. Government securities	(C)		
(D) Corporate debt instruments	(D)		
(E) Mortgage loans	(E)	0	
(F) Other loans	(F)		
(G) Other interest	(G)		
(H) Total interest. Add b(1)(A) through (G)	(H)		
(2) Dividends: (A) Preferred stock	b(2)(A)	0	
(B) Common stock	(B)		
(C) Total dividends. Add b(2)(A) and (B)	(C)		
(3) Rents	(3)		0
(4) Net gain (loss) on sale assets: (A) Aggregate proceeds	(4)(A)		
(B) Aggregate carrying amount (see instructions)	(B)	0	
(C) Subtract (B) from (A) and enter result	(C)		
(5) Unrealized appreciation (depreciation) of assets	(5)		
(6) Net investment gain (loss) from common/collective trusts	(6)		0
(7) Net investment gain (loss) from pooled separate accounts	(7)		0
(8) Net investment gain (loss) from master trusts	(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	(9)		0
(10) Net investment gain (loss) from registered investment companies	(10)		0
<b>c Other income</b>	c		0
<b>d Total income.</b> Add all amounts in column (b) and enter total	d		
<b>Expenses</b>			
<b>e Benefit payment and payments to provide benefits:</b>			
(1) Directly to participants or beneficiaries	e(1)		
(2) To insurance carriers for the provision of benefits	(2)	0	
(3) Other	(3)	0	
(4) Total payments. Add e(1) through (3)	(4)		
<b>f Interest expense</b>	f		0
<b>g Administrative expenses: (1) Salaries and allowances</b>			
(2) Accounting fees	g(1)	0	
(3) Actuarial fees	(2)	0	
(4) Contract administrator fees	(3)	0	
(5) Investment advisory and management fees	(4)	0	
(6) Legal fees	(5)		
(7) Valuation/appraisal fees	(6)	0	
(8) Trustees fees/expenses (including travel, seminars, meeting, etc.)	(7)	0	
(9) Other	(8)		
(10) Total administrative expenses. Add g(1) through (9)	(9)		
<b>h Total expenses.</b> Add e(4), f and g(10)	h		
<b>i Net income (loss).</b> Subtract h from d	i		
<b>j Transfers to (from) the plan (see instructions)</b>	j		0
<b>k Net assets at beginning of year (Item 31, line l, column (a))</b>	k		
<b>l Net assets at end of year (Item 31, line l, column (b))</b>	l		

13 Did any employer sponsoring the plan pay any of the administrative expenses of the plan that were not reported in line 32g?

Yes	No
	x

**SCHEDULE C  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

**Service Provider and Trustee Information**This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

Additional Schedules C (Form 5500) may be used, if needed, to  
provide additional information for Parts I, II, and/or III.

OMB No. 1210-0018

**1992****This Form Is  
Open to Public  
Inspection**

For the calendar year 1992 or fiscal plan year beginning January 1, 1992, and ending December 31, 1992

Name of plan sponsor as shown on line 1a of Form 5500

SINCLAIR BROADCAST GROUP, INC.

Employer identification number

52 1494660

Name of plan SINCLAIR BROADCAST GROUP, INC.

401(K) PROFIT SHARING PLAN

Enter three-digit  
plan number ►

0 0 1

**Part I Service Provider Information (see instructions)**1 Enter the total dollar amount of compensation paid by the plan to all persons receiving less than  
\$5,000 during the plan year

1

0.00

2	(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of services code (see instructions)
(1)			Contract administrator	NONE	0.00	0.00	12
(2)	PSA CAPITAL MANAGEMENT	52 1569835	INVESTMENT MANAGER	NONE	0.00		21
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
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(31)							
(32)							
(33)							
(34)							
(35)							
(36)							
(37)							
(38)							
(39)							
(40)							

**Part II** Trustee Information

Enter the name and address of all trustees who served during the plan year. If more space is required to supply this information, attach additional Schedules C (Form 5500).

Name <u>J. DUNCAN SMITH</u> Address <u>2000 W. 41st STREET BALTO. MD 21211</u>	Name <u>DAVID D. SMITH</u> Address <u>2000 W. 41st STREET BALTO. MD 21211</u>
Name <u>DAVID B. AMY</u> Address <u>2000 W. 41st STREET BALTO. MD 21211</u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>
Name <u></u> Address <u></u>	Name <u></u> Address <u></u>

**Part III** Termination Information (see instructions)

(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.

(1) Explanation: .....

.....

.....

.....

.....

.....

(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.

(2) Explanation: .....

.....

.....

.....

.....

.....

(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.

(3) Explanation: .....

.....

.....

.....

.....

.....

**Department of the Treasury**  
**Internal Revenue Service**

**Department of Labor  
Pension and Welfare Benefits Administration**

**Schedule G may be filed as an attachment to the 1992 Annual Return/Report Form 5500. See the instructions to Item 27 of the Form 5500. This Schedule will be required to be filed for plans answering "Yes" to Items 27a through 27f on the 1993 form 5500 under Section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA.**

**► Attach to Form 5500.**

OMB No. 1210-0016

1992

**This Form Is Open  
to Public Inspection**

For calendar plan year 1992 or fiscal plan year beginning January 1, 1992, and ending December 31, 1992

Name of plan sponsor as shown on line 1a of Form 5500  
Sinclair Broadcast Group, Inc.

Employer identification number  
52 1494660

**Name of plan**  
Sinclair Broadcast Group, Inc. 401(k) Profit Sharing Plan

Enter three-digit plan number	0 0 1
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[illegible]

Cal. No. 14732A

Schedule G (Form 5500) 1992

FJC0042



[illegible][illegible]

**FJC0044**



**SCHEDULE SSA  
(Form 5500)**

**Annual Registration Statement Identifying Separated  
Participants With Deferred Vested Benefits**

OMB No. 1545-0048

**1992**

**This Form is NOT  
Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Under Section 6057(a) of the Internal Revenue Code

► File as an attachment to Form 5500 or 5500-C/R.

► For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 5500 or 5500-C/R.

For the calendar year 1992 or fiscal plan year beginning January 1, 1992, and ending December 31, 1992

► This schedule must be filed for each plan year in which one or more participants with deferred vested benefit rights separated from the service covered by the plan. See instructions on when to report a separated employee.

► Type or print in ink all entries on this schedule. File the originals.

► All attachments to this schedule should have entries only on the front of the page.

1a Name of sponsor (employer if for a single employer plan) <b>SINCLAIR BROADCAST GROUP, INC.</b>		1b Sponsor's employer identification number <b>52   1494660</b>	
Number, street, and room or suite no. (If a P.O. box, see the instructions for 1a.) <b>2000 W. 41ST STREET</b>		1c Is this a plan to which more than one employer contributes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state, and ZIP code <b>BALTIMORE MD 21211</b>			
2a Name of plan administrator (If other than sponsor) <b>SAME</b>		2b Administrator's employer identification no. <b>52   1494660</b>	
Number, street, and room or suite no. (If a P.O. box, see the instructions for 1a.)			
City or town, state, and ZIP code			

3a Name of plan <b>SINCLAIR BROADCAST GROUP, INC.</b>		3b Plan number <b>001</b>	
<b>401(K) PROFIT SHARING PLAN</b>			
4 Have you notified each separated participant of his or her deferred benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5 Separated participants with deferred vested benefits (If additional space is required, see instruction, "What To File"):			

(a) Social security number	(b) Name of participant	Enter code for nature and form of benefit		Amount of vested benefit			(h) Plan year in which participant separated
		(c) Type of annuity	(d) Payment frequency	(e) Defined benefit plan—periodic payment	(f) Units or shares	(g) Total value of account	
163-34-0593	EDNA L. BLACK	A	A	0.00	0		91

**The Following Information is Optional (See Specific Instruction 6.)**

6 Use this item to report (i) separated participants with deferred vested benefits who were previously reported on Schedule SSA (Form 5500) and who have received part or all of their vested benefits or who have forfeited their benefits during the plan year for which this schedule is being filed, and (ii) to delete participants erroneously reported on a prior Schedule SSA (Form 5500).

Note: Participants listed in this item, because they have received part of their vested benefits, must also be reported in item 5 above listing their remaining vested benefits.

(a) Social security number	(b) Name of participant	Enter code for nature and form of benefit		Amount of vested benefit			(h) Plan year in which participant separated
		(c) Type of annuity	(d) Payment frequency	(e) Defined benefit plan—periodic payment	(f) Units or shares	(g) Total value of account	

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator

*David B. [Signature]*

Cal. No. 13508T

Date

*7/13/93*

Schedule SSA (Form 5500) (1992)

FJC0045